



**Division of Health Care, Quality, Financing and Purchasing  
Center for Adult Health  
Drug Utilization Review Board (DUR) Meeting Minutes  
Wednesday March 23, 2005  
Cranston, Rhode Island**

**DUR Board Members Present:**

Tara Higgins, RPh, CGP, CDOE  
Stephen Kogut, Pharm D, RPh, MBA  
Ellen Mauro, RN, MPH  
Raymond Maxim, MD  
Richard Wagner, MD  
Edward Westrick, MD, PhD, MS

**Guests:**

Paula Avarista, RPh, MBA (RI Medicaid)  
Frank Spinelli (RI Medicaid)  
Karen Mariano, RPh (Electronic Data Systems)  
Ingelcia Simas (Electronic Data Systems)  
Julie Simpson, RPh (Electronic Data Systems)  
Joe Paradis, PharmD (Health Information Designs)  
Barbara Metz, RN (Electronic Data Systems)

Minutes from the December 15, 2004 meeting were approved with minor changes.

At the December 2004 meeting the Board recommended performing prescriber interventions addressing the relationship between the use of the atypical antipsychotic agents and the development of a metabolic syndrome which includes development of diabetes or worsening diabetes control. There was discussion among Board members and representatives from Rhode Island Medicaid regarding the goal of performing prescriber interventions and expected outcomes. The intention of these interventions is not to reduce the use of the atypical agents but to raise the awareness of the risk of worsening diabetes associated with their use. There was also discussion regarding the ability to perform some kind of patient education program, case management for some patients and developing prospective DUR alerts to address this issue.

The Board recommended sending educational intervention letter to prescribers of both atypical agents and medications used to treat diabetes for all patients identified.

Paula Avarista indicated that all retrospective evaluations forms returned with the comment that "this is not my patient." are being investigated to determine if the dispensing pharmacy used the incorrect DEA number to process the claim. Since this is a time consuming effort, there was a recommendation from the Board that this follow up effort be limited to only responses received for intervention letters alerting prescribers to over-utilization of controlled drugs.



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Karen Mariano reported that for the Falls Prevention Program there were 1300 deaths and 170 of these patients had a recent diagnosis of fracture. The Board was interested in what percentage of patients who died and percentage of patients who died with a diagnosis of fracture were taking sedatives. The Board requested that the Falls Prevention Program be added to the next meeting agenda.

The next meeting was scheduled for 8:00am on Wednesday, June 22, 2005.